



Message from the Scientific Director

In light of the recently announced results of the Teasdale-Corti Team Grants competition, IPPH is particularly pleased to dedicate this edition of POP News to global health research. In March 2007, CIHR and its partners in the Global Health Research Initiative (GHRI), the Canadian International Development Agency (CIDA), Health Canada and the International Development Research Centre (IDRC) announced more than CA \$20 million for 13 research teams pairing Canadian health researchers with their counterparts in the developing world through the Teasdale-Corti Team Grants. Working with research users, such as policy-makers and practitioners, these teams will aim to find practical and sustainable solutions to global health problems including HIV/AIDS, childhood obesity and infectious diseases. We applaud these successful teams as they begin this important work.

In this issue of POP News devoted to global health research we feature an article by staff of the Canadian Coalition for Global Health Research (CCGHR), and profile global health researcher, Jean-Frédéric Lévesque from the University of Montréal. We also present an article about Neil Andersson's global health research project "Skill building for research and planning: a global health opportunity", we welcome a discussion about global health research ethics by Geneviève Beauchemin-Flynn from CIHR's Ethics Office and we profile the Public Health Agency of Canada's (PHAC) National Collaborating Centre devoted to environmental health.

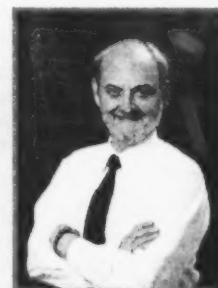
We'd also like to take this opportunity to highlight CIHR's participation in the 19th IUHPE Conference, Health Promo-

tion Comes of Age: Research, Policy & Practice for the 21st Century. Five of CIHR's 13 Institutes are represented at the conference this year: the Institute of Aboriginal Peoples' Health (IAPH), the Institute of Aging (IA), the Institute of Gender and Health (IGH), the Institute of Nutrition, Metabolism and Diabetes (INMD) and IPPH. Several innovative initiatives are featured such as the IPPH-supported Centres for Research Development designed to understand and address the impacts of physical and social environments on health and Canada's Reducing Health Disparities Initiative. We welcome this chance to share relevant and important Canadian work at this international conference.

Please enjoy this issue of POP News and join us in celebrating Canadian contributions to advancing both the health of Canadians and those in the global community.

Warm regards,

John Frank
Scientific Director



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The National Collaborating Centre - Environmental Health

By Ray Copes, MD, MSc, Scientific Director.

The National Collaborating Centre – Environmental Health (NCCEH) is located at the BC Centre for Disease Control in Vancouver. The NCCEH is one of a network of six National Collaborating Centres for Public Health. The others are: NCC Aboriginal Health at the University of Northern British Columbia, NCC – Infectious Disease at the International Centre for Infectious Disease in Winnipeg, NCC- Methods and Tools at McMaster University, NCC- Healthy Public Policy at the Quebec National Institute of Public Health, and NCC- Determinants of Health at St. Francis Xavier University. The NCCs are all funded by the Public Health Agency of Canada (PHAC) through contribution agreements that allow them to operate at arm's length from the agency.

All NCCs are expected to engage in knowledge translation, to identify gaps in the scientific knowledge base that are of importance for public health practice and policy, and to be active in the development of networks in and across their respective theme areas. The NCCs are not to undertake or fund primary research as part of their PHAC funded work plans. Rather, the NCCs are expected to help translate research findings and other evidence into practice and policy.

As part of a network intended to enhance public health capacity, the NCCEH's focus is on Environmental Health programs and services delivered by local and regional public health organizations across Canada. The NCCEH's client group is made up of environmental health practitioners and policy-makers who are responsible for delivering these services and setting the policy under which they are delivered. Environmental health researchers and faculty teaching in training programs in environmental health are key partners that the NCCEH must engage to meet the needs of our client group.

Before developing our first work plan, NCCEH staff interviewed over 90 environmental health practitioners, policy makers and researchers from across Canada, including respondents from every province and territory as well as the federal environmental health sector. The results of these interviews shaped our strategic direction and work plan. This 'Needs Gaps Opportunities Assessment' report can be found at our website (www.ncceh.ca).

Some key findings of our interviews follow: 1) there is virtually no surveillance of environmental exposures or risk factors currently being done in Canada; 2) there is a shortage of people with advanced skills and training in environmental health; 3) although there is much interest in using the findings of scientific research for policy and practice, scientific or research evidence could not be cited as the basis for most environmental health programs and services currently being delivered; 4) there is relatively little evaluation of the effectiveness of currently delivered environmental health programs and services.

The above findings do not mean that current programs and services are ineffective, but that the emphasis on 'evidence-

based practice' and program or policy effectiveness that has generally permeated clinical care is not as far advanced in environmental health. The interest in making greater use of research and other evidence in environmental health represents an opportunity for the NCCEH.

Environmental health may be unique among the public health disciplines in that institutions where training is provided for practitioners (public health inspectors or environmental health officers) are not major centres of research in environmental health. Conversely, institutions with active research programs in environmental health do not provide training that confers eligibility for certification by the Canadian Institute of Public Health Inspectors (CIPHI). Certification by CIPHI is generally a requirement for entry into practice everywhere except Quebec.

Some of the gaps between research and practice in environmental health provide an opportunity for the NCCEH to play an active role in providing a bridge. In addition to synthesizing current research evidence and summarizing findings in formats useful to environmental health practitioners and policy-makers, a number of other capacity building possibilities were suggested by our key informants.

Some environmental health staff told us of field research that they had hoped to conduct to provide evidence for program and service decision-making. However, the demands of day to day service delivery worked against there being enough dedicated time to complete the research. We heard from some researchers of a desire to conduct research where results would have a direct effect on policy and practice. The NCCEH may be able to play a brokering role in matching interested researchers with practitioners who have practice-based research questions.

Many Canadian universities are developing plans for Schools of Public Health that will offer advanced training in fields including environmental health. There will be a need to identify and develop a network of practical settings. The NCCEH can play a role in linking universities with organizations involved in the delivery of environmental health services who can offer such settings.

One of the main NCCEH activities, along with sister NCCs will be the development of knowledge 'products' and tools that are relevant to policy and practice. Our current understanding is that involving the intended users early on and throughout the development of the knowledge 'products' and tools will increase the likelihood of their adoption and a change in policy or practice. We are developing evidence summaries or syntheses in a number of topic areas that were identified as a high priority by the practitioners and policy-makers we interviewed. These are being developed through external contracts, generally with academic institutions, or internally at the NCCEH. We plan to evaluate our early efforts to see what works best and where we can best make a difference.

For more information about the NCCEH, visit our website at: www.ncceh.ca.

Research in Global Health: Fuzzy Boundaries and Relative Distances

Jean-Frédéric Lévesque ^{1,2,3}, MD, PhD (candidate), is currently a Medical Consultant in the Health Care and Health Systems Unit at the Institut national de santé publique du Québec. He collaborates with researchers from the International Health Unit at the Université de Montréal on studies in south Asia and west Africa. He has previously worked with tribal populations of the Nilgiri region in southern India and has conducted research on tuberculosis among refugee claimants in Canada.

As a young investigator in global health, I am fortunate to be surrounded by a team of experienced researchers in global health at the Unité de santé internationale de l'Université de Montréal. I am also an active researcher on the domestic front, as part of the Institut national de santé publique du Québec and involved in national committees focusing on various aspects of the health system. These two roles - in global health and in domestic health research - despite their fulfilling interactions often seem in opposition.

Global health research is often conceptualized as a field of scientific practice distinct from the domestic sphere. However, the objectives of global health research study and the scientific methods employed to analyze global health problems are generally relevant for both developed and less-developed countries. These two contexts each have their own specific characteristics; however the scientific methods employed to analyze their health problems do not require more "cultural adjustment" in one context or the other. Conducting studies in North America and in South Asia both require the utilization of methods appropriate to the studied context: neither requires generic solutions.

This being said, global health researchers from western countries often dedicate most of their scientific studies in countries other than their country of residence. In addition, it traditionally seems difficult to combine domestic and global health careers. Are global health researchers working on inherently global health problems? Do domestic researchers lack the tools to transpose their research designs and knowledge to culturally different contexts? Is the division of resources and potential career paths between doing health research in Canada or in global health most dependent on scientific, conceptual or methodological grounds or the result of political desires? As a young investigator focused on domestic and global health research - these questions remain for me open for debate.

My experience developing a career in global health research suggests that the reasons for the separation between domestic and global spheres relates more to contextual influences than real differences in the object of studies or methods employed: opportunities for funding differ; career paths tend to follow separate lines; organizations have specific mandates. Can researchers bridge these frontiers? How many researchers can do so? Are my colleagues in South Asia working in global health too, despite working on their "domestic" research problems?

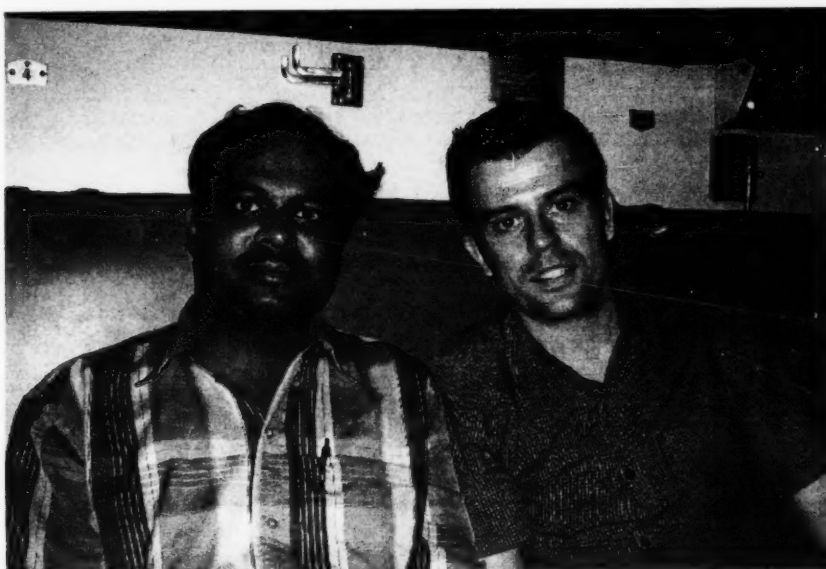
Funding for global health research remains limited compared to the immense need for studies that could benefit the global community. It will probably remain so in the future, but if we modify our views of global and domestic health research, the contribution of the Canadian scientific community to global health knowledge can be immense. Expertise on health research is vast and a better integration of global and domestic studies as well as investments in global health studies for the benefit of both interests is possible.

As a young investigator interested into the evaluation of population health studies and the impact of organizational models and systems of care, I can see that boundaries are disappearing. Incredible advances in the mean of communications and in mobility of people - witnessed during my professional training - have made it possible for me to study inequalities in access to health care in urban south India. I have benefited from the supervision of an Indian scholar during the academic process and a fruitful collaboration with young investigators from India.

These colleagues have expanded my "community of practice" and constitute an important resource in my approach to both domestic and global health challenges. Global health research has given me an expertise I now can apply in the Canadian context, through my work at the public health institute and through collaborations with researchers from other provinces. It is facilitating the analysis of access to health care for immigrants and refugees; the analysis of health professionals' migration across boundaries; and comparison of models of health provision unheard of in Canada. The possibilities are many if we think "outside the box".

Recent initiatives to fund projects (Analyses of World Health Survey data an IPPH, Statistics Canada and WHO opportunity) and research teams in global health (Teasdale-Corti program, a Global Health Research Initiative) have given me new opportunities to develop a set of studies pertaining to global health which will complement my expertise developed on the domestic front. Creating platforms where expertise developed in studies conducted in Canada can reach other global contexts should receive more attention in addition to finding ways to increase global inputs in domestic projects.

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Dr. Jean-Frédéric Levesque with colleague and investigator from India - Subrata Mukherjee



Group of interviewers for the Kerala project trained in September 2006

Building Momentum for Global Health Equity: the Canadian Coalition for Global Health Research

By **Aleida ter Kuile**, Project Officer, and **Roberta Lloyd**, Manager, both with the **Canadian Coalition for Global Health Research (CCGHR)**.

"...it is time for all those in Canada concerned with equitable health care and health development—our governments, the health care professions, academic and research institutions, and individuals—to renew our commitment to investing resources in equity-oriented health research. These resources include not only finance, but also, perhaps more importantly, our collective energy and talent."

This statement, made following the 1990 Commission on Health Research for Development in Bangkok, was a response to an apparent lack of interest in health research for development in Canada. As a call for action, it initiated the development of the Canadian Coalition for Global Health Research as well as the Global Health Research Initiative (a partnership of CIDA, IDRC, Health Canada and CIHR). The Institute of Population and Public Health has been an instrumental partner throughout the development of the CCGHR.

The Canadian Coalition for Global Health Research is a non-profit organization working across Canada and globally on issues of health equity, capacity building and partnership. The Coalition's mission is to promote better and more equitable health worldwide by:

- Mobilizing greater Canadian investment (and involvement) in global health research;
- Nurturing productive partnerships among Canadians and people from low and middle income countries;
- Turning research into action.

This ambitious aim is being achieved by the CCGHR in partnership with a very committed membership; one which is growing daily and now sits at over 1000 people worldwide. Our members include global health researchers, people actively engaged in applying research to improve global health, organizations interested in funding health research, and members of the general public who share our vision and goals.

In order to tackle the complicated and challenging issues in global health, the Coalition has created seven Task Groups (Capacity Building, Mobilizing Support, Building Partnerships, Global Indigenous Health Research, Global Health Policy and Systems Research, Research to Action, and Strengthening National Health Research Systems). Each of these Task Groups works to increase the knowledge base of the Coalition as well as push for innovation in projects and training ideas.

Summer Institute in Global Health

Over the past four years, the Coalition has hosted a Summer Institute for new global health researchers. The Institute supports researchers to think about the challenge of moving research into action through workshops and case study work. Researchers apply to the Summer Institute as a dyad – one Canadian researcher and one researcher from a lower or middle-income country. This year, 2007, the Institute will be held at the Centre for Development Studies, in Kerala, India.

Knowledge Resources

The CCGHR is committed to providing learning material and a useful knowledge base to members and the general public. This knowledge base includes learning modules, case studies and funding sources. This Funding Roadmap is a key resource for members looking for funding and support for their global health work. In addition, our resources include people. Through member profiles, which outline an individual's focus and region of work, members can explore potential partners and/or connections. These member-only accessible profiles are an excellent way to learn about other researchers around the world. To see more go to: www.ccgrr.ca, and click on 'Membership'.

Global Indigenous Health Research

The Coalition recognizes that Indigenous Peoples are often the focus of and increasingly the leaders of health research around the world. There are a number of important lessons to share on knowledge translation, partnership and health systems research. Through the Task Group on Global Indigenous Health Research (GIHR), the CCGHR is working on such activities as a planned approach to a Summer Institute focused especially on Indigenous Peoples (Summer 2008) as well as integrating Global Indigenous perspectives into other task group projects. The GIHR has created a number of useful knowledge resources, available at: www.ccgrr.ca

Country Focus

The CCGHR is currently working closely with four countries on strengthening national health research systems. The countries are Bolivia, Mali, Mongolia, and Zambia. Each country faces unique challenges, and yet there are lessons that are applicable across the board. The Coalition is working with government, civil society and donor communities in each country to help develop national health research systems and improve knowledge use and production in each country. Moreover, the aim is to improve the coordination and coherence of Canada's contribution to these

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Ethics in Research in Low-and Middle-Income Countries (LMICs)

Geneviève Dubois-Flynn has a background in international law and in philosophy. She is Senior Ethics Policy Advisor at CIHR and works on Aboriginal, global health and ethics, and research ethics education and training.

While research activities, especially those of a biomedical nature, keep increasing in low and middle-income countries (LMICs), improvement of the research ethics infrastructure is not progressing at the same pace. There is also little assurance that research participants are currently receiving adequate protection. There is an urgent need to address these issues. The event described below consists of a dialogue between developed and developing countries on ways of addressing these needs.

The annual conference of the National Council on Ethics in Human Research took place in February, 2007. During the conference, three guest speakers took part in a special breakout session on "Ethics Research and International Research". Drs. Bourawi and El Zahabi discussed major ethics challenges in research in Libya and in the Eastern Mediterranean Region, and Dr. Ngnie Teta described the challenges in Sub-Saharan Africa. Through a dialogue between the speakers and audience, potential solutions were identified.

All three speakers recognized the need to have more research conducted in their countries, especially research relevant to their communities. To ensure that research is of mutual benefit to research sponsors, research teams, and host countries, communities in these countries will have to be more involved in identifying research priorities that address their key needs.

To ensure that participation in research is grounded in ethics, safeguards must be put in place. Such safeguards include developing national policies in research ethics and incorporating these policies into legislation,

thereby creating a strong research ethics infrastructure.

Research ethics committees are a key component of ethics infrastructure and play a critical role in the protection of the rights and interests of research participants. In some countries, there are no research ethics committees, while in others, such committees are housed in ministries of health. In the latter arrangement, however, one may question the credibility, independence, and training in ethics of such committees.

In many countries, the education and training of research ethics committee members, researchers, and bioethicists is clearly lacking because very few educational programs or degrees in bioethics exist. Creating an ethics culture among researchers could be an effective way of achieving better protection of research participants. In the absence of ethics training programs, however, convincing researchers of the essential role of ethics in research may be a difficult task.

South-to-South knowledge-sharing in this respect should be emphasized more strongly. For instance, South Africa, which has implemented a strong research ethics framework, could help LMICs develop their own models by sharing its policies, guidelines, and Standard Operating Practices, explaining how it developed the latter, and describing the role that its national political institutions have played. Such exchanges should be encouraged and facilitated by Canada and international organizations.

The current lack of ethics capacity in several LMICs can be remedied, in part, by better use of resources available in the North and in some LMICs. In summary, Canada and international organizations could assist in the development of bioethics curriculum, with the sharing of already existing tutorials constituting a good starting point. Also, WHO sponsors several research ethics training workshops in LMICs every year.

... CCGHR Continued from page 5

countries by building Country-Canada teams. A key part of this work is mapping the current Canadian involvement in each of the four countries. The Coalition expects that this 'country focus' will provide a great deal of learning to inform future work with other countries. To learn more about the country focus work, please go to: www.ccgqr.ca.

The initiatives described above are just a sample of the work the Coalition is currently undertaking in an effort to support the development of global health research here in Canada and abroad. If you would like to know more or to become a member, please visit www.ccgqr.ca or email ccgqr@ccgqr.ca.

Skill Building for Research and Planning: A global Health Opportunity

Neil Andersson is the **executive director** of **CIET-canada**, an academic NGO based in the Institute of Population Health at the University of Ottawa. He is the founding scientific director of the Centro de Investigación de Enfermedades Tropicales (CIET) at the Universidad Autónoma de Guerrero, Mexico.

Globalisation has made national borders more porous and intensification of international trade and travel has globalised some health problems. We've been talking about this for a long time now, and it has become old hat, and largely unhelpful, to say that infectious diseases, narcotics, unhealthy lifestyles and chemical and biological pollutants do not respect national borders. Yet the emergence of some problems, like avian influenza in Asia, could pose real threats to the health of the Canadian population.

While the problems are easy to identify, the solutions are not. Global health solutions require much more than the simple export of commodities, technologies or ideas from wealthy countries. Global health issues are complex, interdependent and, most important, strongly influenced by efforts in southern countries. These problems will not be solved by intervention formulas from wealthy countries like Canada.

Just as economic globalisation cannot be only for and on the terms of the rich countries, global health solutions must reflect the creativity, energy and commitment of southern countries.

One unprecedented opportunity for improving global health, while respecting the needs of developing countries, is skill building in research and planning. The African Development of AIDS Prevention Trial (ADAPT) is a two-year CIET project funded by Canada's Global Health Research Initiative. The goal is to build local capacity so Africans can plan, conduct and analyze large scale, multi-centred AIDS prevention trials. The skills should also be useful, of course, for assessing evidence produced by the international AIDS research machinery.

In partnership with the University of Botswana in Gaborone, CIET is implementing an eight-week intensive training on AIDS prevention trials. The 27 participants come from government, universities and NGOs in 14 countries. Beginning with the fundamentals of epidemiology and statistics, the course moves rapidly by the third week to focus on randomised controlled trials (RCT) and how to conduct pragmatic RCTs.

Between the first (7 May-2 June) and second (19 Nov-15 Dec) teaching blocks, participants will have conducted national cluster surveys in 10 southern African countries, which will focus on epidemiological analyses and their translation to inform policy and planning.

Household and school-based surveys in each country will address AIDS prevention relevant knowledge, attitudes and behaviours. The addition of biological endpoints will make this a powerful framework and baseline for future RCTs. Within the 300 clusters, we will also develop and test an individual cohort capability, allowing for the follow-up of individuals in an RCT context.

University partnerships are a cornerstone to ADAPT. Teachers from several African universities -- the University of Botswana, the National University of Namibia, Witwatersrand University and the University of the Western Cape in South Africa, University of Zambia, Zimbabwe's Masvingo State University and Tanzania's Ifakara Health Research and Development Centre -- will participate to update their teaching on AIDS prevention trials.

In its second year (2008), ADAPT will build on the technical, implementation oriented training in AIDS prevention trials with executive training for policy and senior program levels in southern African countries. This training will focus on the use of evidence in AIDS prevention planning.

For more information about this initiative, please con-

Intervention Research RFA

Healthy Living and Chronic Disease Prevention (CIHR-INMD, CIHR-IPPH & partners)

The purpose of this Request for Applications is to support prompt initiation of intervention and evaluation research on programs, events, and/or policy changes that have been initiated by others and have the potential to impact healthy living and chronic disease prevention among Canadians at the population level. Researchers are encouraged to collaborate with community, non-profit, private, and/or public partners, where appropriate, to maximize knowledge exchange and learning for all parties.

Letters of Intent (LOI) and invited full applications will be accepted on a rolling basis until available funding has been depleted. Applicants who have submitted successful LOIs will receive invitations to submit full applications within 2-3 weeks of LOI receipt. Full applications must be submitted within 3 months of the LOI decision. Full applications received after this time will be re-evaluated for continued relevance to this program prior to being peer reviewed. Notification of decision is within 3-4 months of receipt of full application. Earliest start date is within 1 month of notification of decision. This funding opportunity announcement will expire on December 15, 2007. INMD is planning to re-launch this RFA on December 15, 2007 and December 15, 2008 funds permitting.

(www.cihr.ca/e/32835.html)



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CPHA 2007 Annual Conference

IPPH in partnership with the Canadian Public Health Association (CPHA), is encouraging our members / colleagues to attend CPHA's 2007 Annual Conference.

Themed "**From Politics to the People**", the conference will be held at the Westin Ottawa/Ottawa Congress Centre **in Ottawa, Ontario from September 16-19, 2007**. This year, the conference will be jointly held with the First Canadian Public Health Geomatics Conference: Geographic Information Systems (GIS) in Public Health.

From the Naylor Report to today, public health system renewal has been taking place at the federal, provincial, territorial and local level. But much more must be done and governments need input and direction from Canadians and public health experts to ensure that they build the best system for Canada.

Partners in the conference include the Canadian Institute for Health Information – Canadian Population Health Initiative, the Canadian Institutes of Health Research – Institute of Population and Public Health, and the Public Health Agency of Canada. The conference is also being held in association with the Ontario Public Health Association, as well as with support from GeoConnections.

CPHA and its partner organizations are committed to hosting a conference that will highlight the importance of population and public health in Canada. This conference will be an excellent opportunity for public health professionals to share their programs, research, policy and practice and will give everyone an opportunity to emphasize the intra-jurisdictional nature of public health.

For more information on the conference and how to register please visit the conference web site at www.conference.cpha.ca.



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Find us on the World-Wide-Web at: www.cihr-irsc.gc.ca/e/13777.html